V. S. No. 1

	RYLAND-	CERTIFICATE OF DEATH	863
1. PLACE OF DEATH		(131)	
County Donchester 493	. TILANVARIAN	Registration Dist. No.	16
Village or City Cambudge		No. St.,  f death occurred in a hospital or institution, give its NAME instead of street and s. How long in U.S. if of foreign birth? yrs. m	
1 10	.=Cyrs,mos		osos.
2. FULL NAME Jacob Bang	am	If U. S. Veteran, specify WAR	
(a) Residence: No. 3 Clarkly St	ce of abode)	St, Ward.  If nonresident give city or town and	1 6
PERSONAL AND STATISTICAL PAR		MEDICAL CERTIFICATE OF DEATH	State
	ARRIED, WIDOWED,	21. DATE OF DEATH	
	CED (write the word)	Month) (Oay)	., 193.7
5a. If married, widowed, or divorced HUSBANO of			
(or) WIFE of Positive Barca	in	22.   HEREBY CERTIFY, That I attended	deceased from
Day and mouth	878	man have	193.4
6. DATE OF BIRTH (month, day, and year)	if LESS than	to have occurred on the date stated above, at / 1:00 4 m.	_; death is said
5-9 V	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	ormin.	were as follows	Oate ol onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	arost.	On Agreemen	19.56
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased iast worked at this occupation and the and		- m majnus	1936
work was done, as SILK MILL, SAW MILL, BANK, etc			
10. Date deceased last worked at 11. Total	i time (years) pent in this 3 5		
	coupation		
12. BIRTHPLACE (city or town)		Other Contributory Causes of importance:	
(State or country)		•	
II 13. NAME Mukusus			
14. BIRTHPLACE (city or town) Mknows	-	Name of acception	-
4. BIRTHPLACE (city or town) (State or country)		Name of operation Date of What test confirmed diagnosis? Was there an	
15. MAIOEN NAME MAKE			
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)		23. If death was due to external causes (VIOLENCE) fill in also the followin	
O 16. BIRTHPLACE (city or town) (State or country)		Accident, suicide, or homicide? Date of injury  Where did injury occur?	, 19
C. 1 10	6	(Specify city or town, county and Sta	te)
17. INFORMANT (Address) 5 Clarkling Of Exclared	led	Specify whether injury occurred in INDÚSTRY, in HDME, or In PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	\$ 57	Manner of Injury	
Place Meekens neck, morte ))	11 ,1957	Nature of Injury	
19. UNDERTAKER A. m. 51 Class (Address) Cacul Suc	d.	24. Was disease or Injury In any way related to occupation of deceased?	<u></u>
20. FILED 1/-11, 193) John n	vace R.	(Signed) Chroll MS Carry (Address) Inn rada It	M. D.
If more blanks are needed	d, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis - 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	Marie Control
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

A-	STATE OF MARYLAND	CERTIFICATE OF DEATH 11864
state UPA-	1. PLACE OF DEATH	(106-0)
23	county Foscholter	Registration Dist. No. 11
should f OCC	Village or City Cambrishas	No. St. Ward
. •	(II	death occurred in a hospital or institution, give its NAME instead of street and number)
NS tu	Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
ZIA em	2 FULL NAME DONON NOYE	If U. S. Veteran, specify WAR.
PHYSICIANS lct statement	(a) Residence: No. 15 Dunna (	stane Ward.
	(Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED. WIDOWED.	MEDICAL CERTIFICATE OF DEATH
E	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
d.	Temale Com Wistowed	(Month) (Dey) (Year)
X A C T I	5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22/2   HEREBY CERTIFY, That I attended decedsed from
lass	(or) wire or described	180 26 11 19 3 1, 10 1 10 1 10 1 1 1 1 1 1 1 1 1 1 1 1
	6. DATE OF BIRTH (month, dey, end yeer) Lunkum 1854	I lest saw help alive on John 26 th, 1977; death is said
d erly icat	7. AGE Yeers Months Deys If LESS than	to heve occurred on the date stated above, atm,
stated E properly certificate	R 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related courses of importence were as follows:
1	Trade profession or particular	Date of onset
be be	SAWYER, BOOKKEEPER, etc. Touse work	Detilità
nould may back	kind of work done, es SPINNER Joule SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceesed lest worked at  11. Totel time (years)	
	SAW MILL, BANK, etc	
0 4 (2)	this occupation (month end /9.32 spant in this year)	
AGE so that ctions		Other Contributory Causes of importance
	12. BIRTHPLACE (city or town)	
illy supplied. AGF plain terms, so tha . See instructions	# 13. NAME Elihan Boyce	W. Joneshawa
supplied n terms, ee instr	E 13. HAME COLUMNITY BOYCE	Mana Paris
sul sul	14. BIRTHPLACE (city or town)	Neme of operation.
efully in pla		Whet test confirmed diegnosis?
1	E	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide:
ld be car DEATH y import	16. BIRTHPLACE (city or town) (Stete or country)	Accident, sulcide, or homicide Dete of injury Where did injury occur?
be EA	0861 20.00	(Specify city or town, county and State)
	17. INFORMANT (Address) 23 23 Betha 2 At 13 all to me	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
图 福	Ploco Vilmona Dato Lar 3, 1937	Neture of injury ADA
LION NOIN	12012	24. Wes disease or injury in any way releted to occupation of deceased?
SE	19. UNDERTAKER SALVE (Address) (Address)	If so, specify
å		(Signed) 121-0 A Line of the M. D.
i	20. FILED 12 192 for Those Registrar	(Address)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

LY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. mation should be carefully supplied. AGE should be

See instructions on back of certificate.

TION is very important.

ARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLA

STATE OF	MARYLAND—CERTIFICATE	OF	DEATH
EATH	<u> </u>		

1.	PLACE OF DEA	тн	3			
	County		ter am	HIN CORPORATE	Registration Dist. No. 116  No. Cambridge-Maryland Hosge,  death occurred in a hospital or institution, give its NAME instead of street and n	Ward
2.	FULL NAME	Stillb	orn Bri	Xyrs,Xmos		
	(a) Residence: No		(Usual place	of abode)	St., Ward.  If nonresident give city or town and	State
	PERSONAL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. S		r or race		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  Nov. 9th  (Month) (Day)	, 193
5e.	If merried, widowed, or divo HUSBAND of (or) WIFE of	rced	x		22. I HEREBY CERTIFY. That I attended of the control of the contro	
6. DATE OF BIRTH (month, day, and year) Nov. 9th, 1937 7. AGE Years Months Deys If LESS then 1 day, hrs. or min.					I lest saw h	
OCCUPATION	8. Trede, profession, or p. kind of work done, SAWYER, BOOKKEE 9. Industry or business Ir work wes done, es: SAW MILL, BANK, 10. Date decessed lest wo	articular as SPINNER, PER, etc which SILK MILL, etc	Non  X	ime (years)	Frewalusty	Date of onset
vear) occupation occupation  12. BIRTHPLACE (city or town) Cambridge, (State or country) Maryland.  "" 13. NAME Moward Ollie Brinsfield  Vienna,				Mary Land.	Other Contributory Causes of Importance:  Placeuf a protect  Nama of operation Dete of  Whet test confirmed diagnosis? Luceal Wes there an a	
15. MAIDEN NAME Etha May Hurley 16. BIRTHPLACE (city or town) Elliott (Stete or country) Dor. Co., Md.			Elliott	Md.	23. If death was due to externel ceuses (VIOLENCE) fill in elso the following Accident, suicide, or homicide? Dete of injury  Where did injury occur? (Specify city or town, county and State	, 19
17. INFORMANT Etha May Brinsfield (Address) Vienna, Maryland.  18. BURIAL, CREMATION, OR REMOVAL			aryland	•	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA  Menner of injury	VCE.
	Place William  UNDERTAKER Many  (Address)  FILED 11 - 1 - 2,	and Clee	Date !!	1957.	Neture of Injury  24. Wes disease or Injury in any way releted to occupetion of deceased?  If so, specify  (Signed)  (Address)  Cambridge, aryland	м. D.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
WEIGHT V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

y. S. No. 1

20. FILEO NOV. 22, 1937

of infor-

1. PLAC	E OF DEA		r MAR	YLAND-	CERTIFICATE OF DEATH 1186
/		chester			Registration Dist. No. 110
			doredo		No. St. Wa
Length	of residence in c	ity or town where do	eeth occurred	I yrs 8 mos	No. St., Wa death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos.
2. FULL	NAME	Margaret	Emily	Brinsfi	eld, If U. S. Veteran, specify WAR
					St., Ward.  If nonresident give city or town and State
PER	SONAL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
s. sex Fem s	ale W	or or race		RIED, WIDOWED, O (write the word) Cled	21. DATE OF DEATH  November 20 <sup>11</sup> , 193.7  (Month) (Oey) (Yeer)
5a. If merried, HUSBANG (or) WIFE	widowed, or dive 0 ol E ol	Alfred E	Brinsfi	eld,	22. I HEREBY CERTIFY. That I attended deceased from 20, 137, to account from 15.
6. DATE OF B	IRTH (month, da	y, and year) Ma	arch 20	1866	I lest saw h; deeth is so
7. AGE	Yeers 7I	Months 8	Deys	If LESS than 1 day,hrs.	to heve occurred on the dete stated above, at 7:30
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House work  9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Oata deceased last worked et this occupation (month end second last worked)  11. Total time (yeers) seant In this					Mys Cardiles and Ostacions mys Cardiles and
10. Oata of this year	SAW MILL, BANK, etc  10. Oata deceased last worked et this occupation (month end yeer)			nt In this	
12. BIRTHPLACE (city or town) Dorchester Co. (Stete or country)					Other Contributory Causes of Importance:
□ 13. NAME		James 1	Marine.	N1(1)	
13. NAME James Marine, 14. BIRTHPLACE (city or town)					Name of operation Dete ol Dete ol Was there en au'opsy?
15. MAIDE					23, if deeth wes due to externel causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Mary Marine 16. BIRTHPLACE (city or town) Dorchester Co. (State or country) Md.					Accident, suicide, or homicide?, 19, 19, 19
17.INFORMANT Mrs Hammond Hastings, (Address) Rhodesdale Md.R.F.D.					Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CI	REMATION, OR	REMOVAL		v. 221937	Manner of injury
19. UNDERTAK		J. Fram			24. Was disease or injury in any way related to occupation of deceased?

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Registar.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

County Worche	Ster		Registration Dist. No. 112
Village or City	em		No. St., Waldeath occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidance in city or town whera d	aath occurrad		ds. How long In U.S. if of foralgn birth?yrsmosd
2. FULL NAME / Leur	cella 1	Iryall	If U. S. Veteran, specify WAR
(a) Residence: No. Jalenna	(Usual place	de	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTI			MEDICAL CERTIFICATE OF DEATH
S.SEX 4. COLOR OR RACE Colored	5. SINGLE, MARI OR DIVORCEI	RIFD, WIDOWED, ) (write the word)	21. DATE OF DEATH 7400. 274
a. If married, widowed, or divorced HUSBAND of	.1		(Month) (Day) (Year)
(or) WIFE of			22. WAY! HERERY CERTIFY. That I attended daceased from
5. DATE OF BIRTH (month, day, end year)	Le 1400	1917	
7. AGE Yeers Months	Deys 13	If LESS then 1 day,hrs. ormin.	to have occurred on the date stated above, at
Range of the state			Tulmonary Mitalasses
9. Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc	Leu I	obes	J
1D. Date dacaasad last worked at this occupetion (month and year)	11. Total ti span ocau	me (yaars) It in this pation	
2. BIRTHPLACE (city or town)	low	<u>_</u>	Dihar Contributory Causes of Importance:
13. NAME Would Ir	unu		
13. NAME  14. BIRTHPLACE (city or town). Cond (Stata or country)	lown &		Neme of operation Dete of What test confirmed diagnosis? Was there an au opsy?
15. MAIDEN NAME THERE	Carbo	colo	23. If daath was due to external causas (VIOLENCE) fill in also the following:
15. MAIDEN NAME THURLE ( 16. BIRTHPLACE (city or town) Some ( State or country) Some	Co m	Rune	Accidant, suicide, or homicide? Dete of Injury, 19
17. INFORMANT LOSSE Bry ale			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Conditions Council Date 20, 1937			Manner of Injury 215112.  Neture of injury 215112.
19. UNDERTAKER Timstellier Under (Address) Countries and Mark			24. Wes disease or injury in any way related to occupation of decased? 200.
20. FILED Mr 3 6, 19 3 7 Elizabeth N. Craitra.			(Signad) Shurad O Jaushur M

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Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 6 192	July 5,1927	Peritonitis	3 days ago
	SUREAU V. S.			
Other contributory	dauses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

info stat UPA	1. PLACE OF DEATH	
	county hozoluster,	
item of should of OCC	Village or City Cast New Market	No
	Length of residence in city or town where death occurred	)ds. He
Every SIANS ement	2. FULL NAME / Villiam H, leeph	us HUS
	(a) Residence: No. (Usual place of abode)	St.,
RECORD. PHYSI Exact sta	PERSONAL AND STATISTICAL PARTICULARS	
RE Exa	3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE (
T I E	5a. If married, widowed, or divorced	
DIN IANI A C	HUSBAND of Corp. WIFE of Leave Colours	22. 1
CLX E	6. DATE OF BIRTH (month, day, and year) Det 1915	I last saw h_a
R P A P ed	7. AGE Years Months Days If LESS than	to have occurre
FOR B. IS A PE stated E properly certificate	55 / 1 day,hrs. ormin.	The PRINCIPA were as follows:
7.0	8. Trade, profession, or particular kind of work done, as SPINNER, FOUNTY SAWYER, BOOKKEEPER, etc.	Prob
RESERVED G INK—THIS GE should be that it may be ons on back of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Journal of Work was done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Journal of Work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	acut
INK-T Should t it may on back	SAW MILL, BANK, etc	5 Q
RES NG IN AGE that	this occupation (month and spent in this occupation occupation	
Z	12. BIRTHPLACE (city or town)	Other Contribu
ARGIN INFADIN pplied. A cerms, so t instructio	(State or country)	
UNFAI supplied. n terms, ee instru	13. NAME / Velliam Ceferrs 14. BIRTHPLACE (city or town)	
H U su in t	14. BIRTHPLACE (city or town)	Name of operat
II y		What test confi
9 6	= 0	23. If death was Accident, suicid
Por Ly	S 16. BIRTHPLACE (city or town) (State or country)	Where did Inju
Id be can DEATH y import	17. INFORMANT Susie Ceplins	Specify whethe
E PLA should OF D	(Address)  18. BURIAL, CREMATION, OR REMOVAL	Manner of inju
百月日	Place Pourlos 19 Date Mov 24, 19.3	Nature of injur
-WRITE mation sl	19. UNDERTAKER & B. Wellow Thely	24. Was disease
Z. Z. EOH	(Address) Hurland	If so, specify_
(2)	20. FILED 1 1 23, 193) \ H. E, Parker	(Signed)
MAI	Registrar	(Ac

STATE OF MARYLAND—CERTIFICATE OF DEATH 11868

LACE OF DEATH	(950)
County Morales,	Registration Dist. No.
Village or City Gast New Market	NoSt.,Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
FULL NAME / Villiam H, leefek	Us If U.S. Veteran specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ale Colored S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
narried, widowed, or divorced USBAND of Or) WIFE of Service Celebra	22. I HEREBY CERTIFY, That f attended deceased from
E OF BIRTH (month, day, and year) Det 1918	I last saw have alive on Deed , 19 37; death is said
Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Grobably from mocordetes
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	acrite elloce of Chronic
Date deceased last worked at this occupation (month and year)	
RTHPLACE (city or town).	Other Contributory Causes of Importance:
NAME William Cefours	
. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
. MAIDEN NAME Mary Mc Shotter  BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
(State or country)  FORMANT Survey Beklips	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Kurles	
RIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date MAT 19.3	Nature of injury
DERTAKER & D // All Pluy (Address)	24. Was disease or injury in any way related to occupation of deceased?
ED N. W 23, 193) - N. E. Parker	(Signed) Broge Myers M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonités	3 days ago	
OF .	8. 11		à .	
(34-	-			
Other contributory causes of importance:		Other contributory causes of importance:	4	
Gallstones	May 1,1923	Gastroenteritis	1 year	
	<u> </u>			

stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. GAUSE OF DEATH in plain terms, so that it may be AGE should be nation should be carefully supplied. WRITE PLAMLY,

V. S. No. 1

County Called Barrier Williams of Other County	Registration Dist. No.
Village or City	NOSt., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
A	sds. How long In U.S. If of foraign birth?yrsmosde
2. FULL NAME heelig the Comments	If U. S. Veteran, specify WAR
(a) Residence: No. Oscolon me	st., △ Ward.
(Usual place of abode)	Carthur Co . If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5e. If married, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of Mary Jump	22.   I HEREBY CERTIFY, That I ettended dacassed from
	November 25, 1937 to Nov. 26. , 1937
6. DATE OF BIRTH (month, day, and year)	I last saw h.i elive on
7. AGE Years Months Oays If LESS than 1 day,hrs.	to heve occurred on the date stated above, at
6 7 / ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance we's as follows: Oaterplonee
8. Trade, profession, or particular kind of work done, as SPINNER,	Hyperteusiil controvascular !!
SAWYER, BOOKKEEPER, etc.	R, seal
9. Industry or business in which work was dona, as SILK MILL. SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Oata deceased last worked at this occuration (month and	
this occupation (month and spant in this occupation	
Wash to se	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Divilanguage ?
1 191 : 10 +	- Valateral Practice Palay.
I 13. NAME Cheeles	
13. NAME Cheers  14. BIRTHPLACE (city or town)	Name of operation
(Stata or country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIOEN NAME Castatte Same	23. If death wes due to external causes (VIOLENCE) fill In also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?
State or country)	Where did Injury occur? (Specify city or town, county and State)
17, INFORMANT & Mere the Market of the Marke	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR SEMQVAL	Manner of Injury
PlaceDate	Nature of Injury
10 HADERTANED SILE	24. Wes disaasa or injury in any way related to occupation of daceasad? .
19. UNOERTAKER (Address)	If so, specify M
	(Signad) M.
20. FILEO 1 193 John Mace X2.	The state of the s

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

li li	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Dete of onset  1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
		••	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:	

WRITE

V. S. No. 1

PLACE OF DEATH



# STATE OF MARYLAND

County Dol'Citab val	CERTIFICATE OF DEATH
/	Registration Dist. No.112.
Village or City Vienna, (vutacole)	/16 J
Doc	kins. a hospital or institu-
2FULL NAME Annie Maria film	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female. Colored. SSINGLE, Widow WIDOWED. OR DIVORCED (Write the word)	November 7th., 1937, 192  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Han 36 15	November 7th. 19237 to November 7th. 19219
	(Year) that i last saw h er alive on November 7th., 1937,
	S than and that death occurred on the date stated above, at 6 Pam.
	hrs. The CAUSE OF DEATH * was as follows:
B OCCUPATION de. or	
(a) Trade, profession or particular kind of work Housewife.	enteretes a Avration three weeks curgos
(b) General nature of industry	1 hour. (5 P.M.)
business, or establishment in which employed or (employer) at home	(Duration)yrs mosde,
9 BIRTHPLACE	Contributory
(State or country) Maryland.	Secondary (Duration) vice room da
10 NAME OF	(Signed) Delevard & Familian, D.
FATHER Wroper Jackson	Nov., 7"1937. (Address) Vienna, Md.
S IN BIRTHPLACE OF FATHER	
State or country) flas Quenna m	*State the I viscase Causing Death, or, In deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Male Flage	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place in the
(State or Country) from Combudge to	of deathyrsds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dwa.h?
(Informant) Glasso Dennand	Former of usual residence
(intormant) July -	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) / Welman ma	Nebo, Delaware. / D. 1937
15 Filed my 7 1987 Elesaheth Ir. Bu	James Stewart. Salishury Md.

Registrar

Docal

(Approved by U. S. Census and American Public Health Association.)

tired 6 . yrs). For persons who have no occupation additional line is provided for the latter statement; it sary to know tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. state occupation at beginning of illness. If retired from g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a er," etc., Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer. Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the Salesman. Locomotive engineer, (6) Grocery,

CEIVED

Strtement of Gause of Death—Name, first, the DISEACE CHESING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

data is essential, and must be obtained before the certificate is

permanently filed.

answered in detail, it will prevent further correspondence.

carbolic acid-probably suicide. Then ture of the injury, Recommendations on statement of cause of death "tetanus) may be stated under the head of "contributory." "Traemia," "Weakness," etc., whon a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage," approved by Committee on accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and quality as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJULY can be ascertained as the cause. Always qualify all inges, perdonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condimartificate is looked over thoroughly and al qu stions cough; or intercurrent) attection measles (disease important. Example: Measles (disease Chronic valvular heart discase; etc. The contributory Nomenclature

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Devrehister	Registration Dist. No. // O
Village or City New Herrock	NoSt.,Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
	USOWIF U. S. Veteran, specify WAR
(a) Residence; No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  7 07 5 193 7 (Bear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended decessed from
6. DATE OF BIRTH (month, dey, and year) aug 16-1937	1 last sew h   elive on   11/3   19.3   deeth is said
7. AGE Yeers Months Deys If LESS than 1 dey hrs.	to heve occurred on the dete steted above, at
d 20 ormin.	were es follows:
8. Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	How this call on
9. Industry or business in which	To deadle of Orail
work was done, as SILK MILL, SAW MILL, BANK, etc	To diaminon
this occupetion (month end spent in this occupetion occupetion	
12. BIRTHPLACE (city or town) - Heuleek:	Other Contributory Causes of importance:
(State or country)	
13. NAME Linwood of Modson	
14. BIRTHPLACE (city or town) Herslock	Name of operation Dete of
(Stete of country)	Whet test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Hules	23. If deeth wes due to externel ceuses (VIOLENCE) fill In elso the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Linyood hodon (Address) Harlack md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Officerboll	Menner of injury
Plece Washing to Doy nx Dete 10 0 6 , 1937	Neture of injury
19. UNDERTAKER Survoole of Nodson, (Jacker)	24. Wes disease or injury in eny wey releted to occupation of deceesed?
20. FILED MOY 6, 1937 Chas W Halings Registrat.	(Signed) Gloger Myles M. D.  (Address) Deep look Md
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADYLAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:	

V. S. No. 1

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(3)
Village or City Camb, Hosse	No. St. Ward
7 (1	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME James Ozcar Elli	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH ( Ook, 19 , 193 7 ( (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. i HEREBY CERTIFY, That I ettended deceased from
C. L. C 109D	Sept. 9
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Deys If LESS than	to heve occurred on the dete stated above, at
47 1890 Sept 28 56 24 1 dey,	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Terminal Broncho-
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at work of this occupation (month and spent in this security is security in this security in this security in this security is security in this security in this security in this security is security in this security in this security in this security is security in this security is security in the security in this security is security in the security in this security is security in the security in the	factuation
10. Date deceased lest worked at 11. Totel time (years) spent in this occupetion (month and 193.7 spent in this occupetion	
12. BIRTHPLACE (city or town) Amithuelle md  (State or country)	Other Coutributory Causes of importance:  Imultiple 2 istula in auc
	Periodal abaceses (multiple)
13. NAME 15th F. Ellis,  14. BIRTHPLACE (city or town) (Stete or country)	Whet test confirmed diegnosis? Mar. Epana. Wes there en autopsy?
15. MAIDEN NAME Many Jane Jobses	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or lown)   Quito of slave (State or, country)	Accident, suicide, or homicide? Dete of Injury, 19
17. INFORMANT Sarah Ohhar. (Address)	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Pear madien, ma	Manner of injury
19. UNDERTAKER Souris as Helming, hu	24. Was disease or Injury In any wey related to occupetion of deceased?
20. FILED !! - 21 , 1937 John mace 1. Regispar.	(Signed) at Mercus M. D.  (Address) Carubrile , Sud

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Example I	4	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis.	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
Other contributory causes of importance:		Other contributory causes of importance:	1 1 2 3 1	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	-------	-----	---------	------------	----	-----------

PHYSICIANS should state AD. Every item of infor-Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RE AGE should be stated EXACTLY. properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PL V. S. No. 1 Ä

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(1070)
County Corchesles WITHIN CORPORATE	Registration Dist. No. 16
Village or City Caucherdage	No accelered ge md. stage. Ware
Length of residence in city, or town where deeth occurredyrsmo	If death occurred in a hospital or institution give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsdsds
1	31yr5yr5
2. FULL NAME fellet fermels	If U. S. Veteran, specify WAR
(a) Residence, No. Chapo, Mod	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIGOWED.	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIOOWED, OR DIVUKCED (write tha word)	21. DATE OF DEATH DOW. 23
Male Kalard maked	(Month) (Oay) (Year)
a. If merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of af molitha Everels	20 13) to 20 23 193
DATE OF BIRTH (	i last saw h alive on 22 23, 1937; death is sai
AGE Yeers Months Devs If LESS than	to have occurred on the date stated above, et. & P. m.
46 2 15 1 dey,hrs.	
ormin,	wera as follows: Date of one
8. Trade, profession, or particular kind of work done, as SPINNER, Labour	R. / N-
SAWYER, BOOKKEEPER, etc.	mucho nemona 11/11
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
JO. Date deceased last worked at O	
this occupation (month and 2 was spent in this season occupation was a	S
Chahama	Other Cantributery Causes of Importance:
2. BIRTHPLACE (city or town) (State or country)	
1 - 1 - 1 - 1 - 1 - 1 - 1	
13. NAME Cabette HEynels  14. BIRTHPLACE (city or town) 200	
14. BIRTHPLACE (city or town)  (Steta or country)	Name of operation Data of Data
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Whet test confirmed diagnosis? Wes there an autopsy?
16. BIRTHPLACE (city or town). Clapo: Md.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Lako Md	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
, INFORMANT Samuel 9 Enerells	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Australia	
B. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Cerapo Md Dete May 28,1935	Nature of Injury
9. UNDERTAKER Lessing H. Barson	24. Was disease or Injury In eny way related to occupation of deceased?
(Address) Camberday	If so, specify
0, FILEO //25/ 193) John mont	(Signed) M.

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1015		Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street ear	1 week ago	
ly5,1927	Perilonitis	3 days ago	
	Other contributory causes of importance:		
ıy 1,1923	Gastroenteritis	1 year	
7.1	y5,1927	Other contributory causes of importance:	

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH

1. PLACE OF DEATH	1 WAIX	- LAND	23)			
County Dorcheste	r		Registration Dist. No. //O			
Village or Citynear_Hyn_	son,	(10	NoSt.,St.,St.,St.,St.,St.,steath occurred in a hospital or institution, give its NAME instead of street and itstsmo	Ward		
		•	If U. S. Veteran, specify WAR  D.St., Ward.  If nonresident give city or town and	State		
PERSONAL AND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX   4. COLOR OR RACE   White	OR DAYORCE	RIED, WIDOWED, D (write the word) O Wed	21. DATE OF DEATH  November 21st.  (Month) (Dey)	, 193.7 (Year)		
	Fergu	son, dec'	22. I HEREBY CERTIFY, That I attended  August 2. ,1937, to Novem by 121  I lest saw h & r. alive on Novem by 2,1937	, 19.57.		
7. AGE Years Months	Deys 26	If LESS than I dey,hrs. ormin.	to heve occurred on the date steted above, at 3 3 M .  The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Osteptonest		
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month end year)	House – W	ork  ime (yeers) ntin this upetion Life	Right Lower Lohe Lobor Pheumine	8120137		
12. BIRTHPLACE (city or town) Smyt (State or country)  13. NAME Pete	Virgi r Catro	on,	Other Contributory Causes of Importance: Chronic Myelogenous LCU Kcasia Chlonic Myelogenous LCU Kcasia Chlonic Myelogenous LCU Kcasia Chronic Myelogenous Possibly	3/1/86 Syensug		
13. NAME Pete 14. BIRTHPLACE (city or town) Sm (State or country)	yth Co. Virgi	inia.	Neme of operation	nutopsy? No		
16. BIRTHPLACE (city or town) S (Stete or country)  17. INFORMANT Mrs Chloe	myth Co Virgi	inia.	Accident, suicide, or homicide? Dete of injury Where did injury occur? (Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	, 19		
18. BURIAL, CREMATION, OR REMOVAL PIBLOFF EDERAL BRUTE, M.D.	k, Md.		Menner of Injury			
19. UNDERTAKER J. J. Frampt (Address) Federa 20. FILED Most 23, 1937 CM	om & Solsburg,		24. Wes disease or Injury In any way releted to occupation of deceesed?  If so, specify  (Signed)  (Address)  (Address)  (Address)	No		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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Arteriosclerosis	1915	Attack of epilepsy .	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
Consequence of the second of t		,	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		· · · · · · · · · · · · · · · · · · ·	

HRGIN KESEKVED FOR BINDING	大石の古代 7日	D FOR B	INDING	
-WRITE PLANKY, WITH CNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	NG INK-TI	IIS IS A PE	IRMANENT RECOAD. Ever	y item of infor-
nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	AGE should	be stated E	XACTLY. PHYSICIAN	S should state
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	that it may	be properly	classified. Exact statemer	t of OCCUPA-
TION is very important. See instructions on back of certificate.	ions on back	of certificate		

V. S. No. 1

1. PLACE OF DEA		F MAR	YLAND—	CERTIFICATE OF DEATH 11875			
County Dorch				707-a  Registration Dist. No. II6			
Village or City S		Δ					
village or City	V4 11165 V. CV.		(If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)			
Length of residence in	city or town where d	leath occurredl.	O_yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.			
			men	If U. S. Veteran, specify WAR.			
(a) Residence: No.	Springda	le, Md.		St., Ward.			
PERSONAL A	ND STATISTI	(Usual place		If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COL	OR OR RACE	5. SINGLE, MARI	RIED, WIDOWED. D (write the word)	21. DATE OF DEATH  November 4th, 193.77  (Month) (Day) (Year)			
	White	Marri	ed	(Month) (Day) (Year)			
5a. If married, widowad, or div HUSBAND of (or) WIFE of	ace V. E	age.		22.   HEREBY CERTIFY, That I attended deceased from 1937, to Nov 4, 1937			
6. DATE OF BIRTH (month, d	ay, and yeer) 5/	28/1885		I last saw h allve on Nov 4 ,19.37; deeth is said			
7. AGE Years	Months	Deys	If LESS than	to have occurred on the date steted above, at I2 Nome			
52	6	6	1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance were es follows:			
8. Trede, profession, or perticular kind of work done, as SPINNER, NONC				Brouche frammonia Bret Oct			
kind of work done SAWYER, BDDKK  9. Industry or business work was done, as SAW MILL, BANK  10. Dete deceased last w this occupation (m	in which	etired.					
10. Dete deceased last w this occupation (m yeer)	onth and	spar spar	ime (yaers) nt in this upation				
IZ. BIRTHPLACE (city or town (State or country)	, Gorm	lany		Other Contributory Causes of Importance:  Acute resplorates - Nov. 2,1937			
13, NAME Fran	k Fleisc	hman					
13. NAME Fran  14. BIRTHPLACE (city or (State or country)	and and	rmsyv		Name of operation What test confirmed diagnosis? Change Westhere an europsy? Na			
15. MAIOEN NAME	Vatilda	Keene		23, If daath was dua to axtarnel causes (VIDLENCE) fill in elso tha following:			
15. MAIOEN NAME 16. BIRTHPLACE (city or (State or country)	town)	rmany		Accident, suicide, or homicida? Date of Injury, 19			
17. INFORMANT Mrs. (Address) Cam	Otto Hos		)	(Specify city or town, county and State) Spacify whathar Injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, DR	REMOVAL			Manner of Injury Now			
Placa Cambri	dge, H d			Natura of injury			
	nville S	LeCom	pte.	24. Was disease or injury In eny wey releted to occupetion of deceesed? No			
20. FILED 11 - 7		la como	ee Je. Tegistrar.	(Signed) Lotylis M faw M.D. (Address) Cambridge red			
	If more	blanks are needed, a	address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.			

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PL

V. S. No. 1 m

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		(8	2-2		
County Darchester "	THIN CORPORA	TE LIMITS OF	Registr	ration Dist. No. 11 4	
Village or City Combridge		No		St.,	Ward
Length of residence in city or town where death occurred		death occurred in a hospital			
0400 11	The	- 0			1103103.
2. FULL NAME, Mung	Luca	3	eteran, specify W	AK	
(a) Residence: No. 14 Manual Place	of abode)	St., 2 Ward.	If none	esident give city or town an	d State
PERSONAL AND STATISTICAL PART	ICULARS	MEDIC	AL CERTIFIC	CATE OF DEATH	1
3. SEX 4. COLOR OR RACE 5. SINGLE, MAI	RRIED, WIDOWED,	21. DATE OF DE	ATH	-1102	1
Rand Raland OR DIVORCE	ED (write the word)		(Month)	(Day)	193 Year)
55. If married, widowed, or divorced HUSBANO of	mu		0	(-1)	7,,
(or) WIFE of		HER	EBYEER	TIFY, That I attended	deceased from
C DATE OF BIRTH (most down and least 14	145-8	I last saw h	00%	2321193	death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month Days	If LESS than	to have occurred on the d		123002	, dualit is sale.
49 9 7	1 day,hrs.	The PRINCIPAL CAUSE (	OF DEATH and relate	ed causes of Importance	
8. Trede, profession, or particular	1 01	Weld as Innows	1200	1/.	Date of onset
Kind of work done, as SPINNER, ARAPUS	e realer	Was	alux	301/	2/
work was done, es StLK MILL.		Primary caus	es Contra	6 hamorahage	Merros
SAW MILL, BANK, etc.	time (years) . 50	Devration: te	nt slays!	· Dewit R.	
this occupetion (month and spe	ent in this cupation		3		
How hely i	-land	Other Contributory Cause	of importance	- DV.	
12. BIRTHPLACE (city or town) (State or country)	- YLLINGU.	1		a Villa	7
13. NAME Hally Rase	(Roce)		1	your of	
14. BIRTHPLACE (city or town).	'	Name of operation	1952	Det of	and
(State or country)		What test confirmed plags	also also	Was there an	(Stansy)
15. MAIOEN NAME Mancy fr	'all			NCE) fill in also the followin	ig:
[ 16. BIRTHPLACE (city or town)	(Parle)	Accident, sulcide, or homi	closed 2	2 Chater of Ippers	Me
(State or country)	- 6	Where dld injury occur?	1 D	city or town, county and St	nta)
17. INFORMANT 2 men MCA	alitue	Specify whether Injury oc	curred in INOUSTRY	, In HOME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION, OR REMOVAL			11 2		
Place Canberdel Date Mo	~ 2.3.19 V	Manner of Injury	11/1/2		
V = C 1111		Nature of Injury	7		77
19. UNDERTAKER	and f	24. Wes disease or injury	in any way releted to	o occupetion of deceased?	The
2 2 2 2 2 0 - Va 2	Nu C	If so, specify(Signed)	1. 1. 4		M-D
20. FILEO 7-28, 1931 The n	Register.	(Address)	Basel	my -	10
If more blanks are needed,		2411 N. Charles Street, Balti	more, Requesting V.	S. No. 1.	The same of the sa

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Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones S.	May 1,1923	I <b>√</b>	1 year
and the state of t			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

S. No.

Oate of onset

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The principal cause of death and related causes of importance were as follows:  Attack of epilepsy Run over by street car  Peritonitis	Date of onset  1 week ago  1 week ago
Run over by street car	
	1 week ago
D!!!!	
reruonuis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year
	Other contributory causes of importance:

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

= Markins 1 = 51 = 185

stated EXACTLY. PHYSICIANS should state

Exact statement

properly classified.

pe

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLAINLY,

m

AGE should be

of OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH 11878

1. PLACE OF DEATH		<u> </u>
County Lorche	the VITHIN CORPO	Registration Dist. No. 11 6
Village or City Leculr	Age	No. 2 B Luiden Cere, St., Ward
		f death occurred in a hospital or institution, give its NAME instead of street and number)  G
Length of residence in city or town where	death occurred yrs mos	
2. FULL NAME Stell	born Herse	If U. S. Veteran, specify WAR
(a) Residence: No. 2	(Usual place of abode)	2, St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
7 . la Ochita	OR DIVORCED (write the word)	720-T: 9 ,193/
5a. If married, widowed, or divorced	1 string -	(Month) (Dey) (Yeer)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from
	7:	nor. 9, 1937, to nor. 9, 1932
6. DATE OF BIRTH (month, day, end year)	nov. 9 = 1937	I last saw h_472 and on 2007 9 , 1937; death is said
7. AGE Years Months	Days If LESS than 1 day, ——hrs.	to have occurred on the date steted above, at 9:30 m.
	or_O_min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,		Trematurity 9/11/37
SAWYER, BOOKKEEPER, etc	•••••	-
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
U 10. Date deceased last worked at	11. Total time (years) spent in this	
this occupation (month and year)	spent in this occupation	
PARTIES OF CALL	R. das	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) (State or country)	any -	
13. NAME Chesting In	in Hunder	
13. NAME Chestin June 14. BIRTHPLACE (city or town) Vicin	mas md	Name of operation Date of
(State or country)	Y	What test confirmed diagnosis? Was there an autopsy? Zuz
15. MAIDEN NAME Martha Tr	Prince & Grander	23, If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Markha & 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury 19
State or country)	W. C. J. C.	Where did injury occur?
Butte mu	inda Granes sterry	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address)	man orangon -	7
18. BURIAL, CREMATION, OR REMOVAL -	Cremation	Manner of injury
Place Home	Date 201. 9 ,1957	Nature of Injury
10 HAIDEDTAKED PORTE		24. Was disease or injury In any way related to occupation of deceesed?
(Address)		If so, specify
20 FUED 16-9 1037 A	hu mace or.	(Signed) A Haute M. D
20. FILED	Registrar.	(Address) multiple of one
18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER  (Address)  20. FILED  19. 3.1. 70.	Date Nov. 9 ,1957.  Lu nace Z. Resistrar.	Manner of injury  Nature of Injury  24. Was disease or injury In any way related to occupation of deceesed?  If so, specify  (Signed)  M. D

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

	infor-	state
	tem of	plnods
5	-WRITE PL. ILY, WITH UNFADING INK-THIS IS A PERMANENT RE. AD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
	IT RE	Y. PH
ARGIN RESERVED FOR BINDING	ERMANEN	EXACTI
FOR	IS A P	stated
ERVED	VK-THIS	should be
N RES	ING II	AGE
ARGII	UNFAD	supplied.
	WITH.	refully
(	ILY	be ca
	E PL	pluods
H	-WRIT	mation

of OCCUPA-

Exact statement

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CAUSE OF DEATH in plain terms, so that it may

B.—WRITE PL

V. S. No. 1

TION is very important.

certificate.

See instructions on back

County

2. F

3. SEX

Fem

5a. If m HU

6. DATE

7. AGE

OCCUPATION

10.

12. BIR

FATHER 13. 14.

MOTHER

15. 16.

17. INFO

18. BUR

19. UND

20, FILE

# STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Dorchester Registration Dist. No. 116 Airey Village or City No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) X mos. X ds. How long in U.S. if of foreign birth? yrs. mos. ds. Length of residence in city or town where death occurred\_.

FULL NAM (a) Residence	ne Stil	Llborn Jones ey" Cambridge (Usualplace of abode)	If U. S. Veteran, specify WAR		
PERSONA	AL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	d State	
	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Nov. 18th	37 , 193	
f married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I ettended Not at all 19 to	d deceased from	
ATE OF BIRTH (m GE Years		Deys   If LESS then   I day,hrs.   ormin.	to have occurred on the date stated above, at	; death is said	
9. Industry or be work was	ion, or particular ork done, as SPINNER, BOOKKEEPER, etc usiness in which done, as SILK MILL, , BANK, etc	None x	Stillborn (Cause unknown	18/37	
10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation  11. Total time (years) spent in this occupation  12. Total time (years) spent in this occupation		spent in this x occupation	Signed as Local Registrary Other Contributory Course of Importance:		
(State or count  13. NAME  14. BIRTHPLACE (  (State or c	ry) Mary Elmer T. (city or town) Aire	Jones ey	Name of operation		
15. MAIDEN NAME Aurelia Hull  16. BIRTHPLACE (city or town)  (State or country)  Arelia Jones		omico Co., Md.	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?  Where did Injury occur?  (Specify city or town, county and St Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ng:	
(Address) Vambridge, Rt. 2, Md.  URIAL, CREMATION, OR REMOVAL  Place Cambridge, Id. Date 11/20/279			Manner of Injury		
(Address)	Lewis II. I	in mare M.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  Cambridge, Marylane		
	If more	Registrar.	Address) Charles Street Religious Proposition 71 S. No.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1027	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	County	DORCHES	TER.	WITHIN CORPO	RATE LIMITS OF	Registration Di	st. No.	0
	Village or Ci	ity CAMBEI	D65	(dr	No.AM BRIDGI death occurred in a horpital o	-MARYLAND r institution, give its NAME i	HOSP St.,	wan
	Length of resid	dence in city or town where	deeth occurred		ds. How long in U	.S. if of foreign birth?	угзп	nos
2.	FULL NAI	ME STILLE	oen,	Jones.	If U. S. Ve	teran, specify WAR		
	(a) Resident	ce: No. VIEN	(Usual place	d. of abode)	St., Ward.	If nonresident given	ve city or town an	d State
	PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICA	AL CERTIFICATE	OF DEATH	
. SE	X 1ALE	BLACK	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEA	TH EMPER (Month)	(Der)	_, 193
a. If	married, widow HUSBAND of	ed, or divorced			22. I HER	ERV CERTIEV	That I attended	I deserted to
	(or) WIFE of					EBY CERTIFY.		
DA	TE OF BIRTH (	month, dey, end yeer)	- 29 - 3	>7	I lest saw h. R. alive		No.	a; death is:
. AG		month, dey, end yeer,	Days	If LESS than		te stated ebove, et	/	
	6	0	0	I dey, 📿 :_ hrs. or 📿 _ min.	The PRINCIPAL CAUSE O were as follows:	F DEATH and releted causes	of Importence	Date of on
8. Trede, profession, or perticular			PREMAT	urity				
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL. SAW MILL, BANK, etc		DIED BEE	ore Bir	T.H.				
	work was	business in which s done, es SILK MILL, — L, BANK, etc	_					
3 1	O. Date decease	ed last worked at — pation (month end	II. Totel ti	ime (years) nt in this				
	yeer)	pation (month one		ipation	Other Contributory Casses	of importance		
2. B	IRTHPLACE (cit (State or coun	A	RYLAN	\$.		••••••		
1	3. NAME	HOMAS	Jones					
ווווער	4. BIRTHPLACE (State or	(11)	NA LRYLAR	D.		osis?		
5 1	15. MAIDEN NAI	MEEDITH MAR	TINA C	LASH		rnel ceuses (VIOL ENCE) fill I		
ווייייייייייייייייייייייייייייייייייייי		(0.17)	BRDGE			ide?De	ete of Injury	, 19
7. 11		EDITH MART		ONES	Where did injury occur? Specify whether injury occ	(Specify city or to urred In INDUSTRY, In HOM	wn, county and St E, or in PUBLIC P	nie) LACE,
8. 19		TON, OR REMOVAL	Dete 111	29 ,1937	Manner of injury			4
19. U	NDERTAKER	Carel. on	nd sta	2.	24. Wes disease or injury l	any way related to occupat	ion of deceased?	Voi
20. F	(Address)	29,1937	ohe on	cace p.	If so, specify (Signed)	2960		2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DEC * 14.			22/12
5. 1 V S.	\$		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Date of onaat

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11	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
a skill	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
		S Helli
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

should state

# STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH

county Cambridge Maryland Ho	spital (21) Registration Dist. No. 1 t
Village or City Caculradee and.	No. St. Ward
()	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME Carl M: Glatten	If U. S. Veteran, specify WAR
(a) Residence: No. Hunlands. Hed.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  Lovember 73, 193?  (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Lenknaure	22.   HEREBY CERTIFY, Thet I attended decessed from
6. DATE OF BIRTH (month, day, and year)	1 last sew h elive on Nov. 23 ,19 37; death is said
7. AGE Yeers   Months   Days   If LESS then	to heve occurred on the date stated above, at 10 45 Pm.
46 3 13 1dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence
8 Trade profession or particular	acute her forated appendents Doto of onset
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked et this occuration (month and	with hentouttes. Nov. 18.19
9. Industry or business in which work wes done, es SILK MILL,	
SAW MILL, BANK, etc.	
year) occupation e	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country)	- Past Uperative tobar
13. NAME CJohn mc Glatter	priemonia Nov. >3,193
13. NAME John mc flatter	Neme of operation afficealectory Dete of 1800 2-1.19
(State of country)	What test confirmed diegnosis? Clinical Was there en eulopsy? Wo
15. MAIDEN NAME Frances (T.)	23. If deeth was due to externel couses (VIOLENCE) fill in also the following:
15. MAIDEN NAME & rances (P)  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Cambridge - mel. Haspital leco	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Countridge, said.	No.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Petersburg, md. Dete now. 26, 193)	Neture of Injury
19. UNDERTAKER J. J. Franchlow & Son	24. Wes disease or Injury In any way related to occupation of deceased? No.
20. FILED 11-24, 13/ Jola Mace Registrar.	(Signed) ayle M Face M.D.  (Address) Cacerborge up
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example I	1	Example II	
The principal cause of of importance were as f	death and related causes ollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	- A 1887	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrit	is UL	1921	Run over by street car	1 week ago
Cerebral hemorrhage	L STOPALL . I	July 5, 1927	Peritonitis	3 days ago
Other contributory caus	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
T				

See instructions on back of certificate.

FION is very important.

V. S. No. 1

	STATE	JE MARY	LAND-	CERTIFICATE OF DEATH	11000
1. PLACE OF DE	ATH			(83)	
CountyDorc	hester			Registration Dist. I	No. 11 6
Village or City		death occurradO	(If	Shore State Hospital death occurred in a hospital or institution, give its NAME instea  10.ds. How long in U.S. if of loreign birth?	St., Ward d of street and number) yrs
2. FULL NAME.  (a) Residence: No		MORGAN sfield Ma	ryland	If U. S. Veteran, specify WAR	
PERSONAL A		ICAL PARTIC		MEDICAL CERTIFICATE OF	
Male W	hite	5. SINGLE, MARR OR DIVORCED Widowed	tIED, WIDOWED, (write the word)	21. DATE OF DEATH  November 30, (Month)	, 193
5a. If married, widowed, or HUSBAND of (or) WIFE of	known			June 15, 19 37 to Nove	mber 30, 19 37
6. DATE OF BIRTH (month, 7. AGE Years  61  8. Trade, profession, o	Months  unknown	Days		to have occurred on the date stated above, at 7.29 Pen The PRINCIPAL CAUSE OF DEATH end related ceuses of inware as follows:	n.
No SAWYER, BOOK SAWYER, BOOK SAWYER, BOOK SAWYER, BOOK SAW MILL, BAN 10. Date deceased last this occupation (year) - 1 nk	ne, es SPINNER, TS KEEPER, atcTS s in which as SILK MILL, K, etcDS workad at	11. Total tip	cks	General Paresis	unknown
12. BIRTHPLACE (city or to	WII) Unknow		**	Other Contributory Canses of importance: Exhaustion from mental disea	ise 12/20/36
13. NAME Rober	t Morgan				
13. NAME Rober  14. BIRTHPLACE (city of (Stata or country)				Name of operation	
15. MAIDEN NAME  16. BIRTHPLACE (city of (State or country))  17. INFORMANT - Hospi (Address) F. a. s. f. a.	tal record	and		23. If death was due to external causes (VIOLENCE) fill in als Accidant, suicide, or homicida?	to the following:
18. BURIAL, CREMATION, O		\_	2,1937	Manner of injury	
19. UNDERTAKER	radala	L. md	L.	24. Wes disease or injury in any wey related to occupation of	f daceased?No
20. FILED // - 3 o	,13)	bu su	Registrat	(Signad) Kennett off	ud M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DFC 4 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

OCCI should Jo See OF DEATH plnods CAUSE

1. PLACE OF DEA Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town where death occurred \_\_\_\_\_ How long In U.S. if of foreign birth? vrs. mos. If U. S. Veteran, specify WAR (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3\_SEX S. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH 5a. If married, widowed\_or divorcad HUSBAND of 22. CERTIFY. That I attended deceased from 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than Davs I day, ....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or .... min. Date of onset 8. Trada, profession, or particular kind of work done, as SPINNER, OCCUPATION SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at II. Total time (years) this occupation (month and spent in this occupation \_\_\_\_ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Name of operation 14. BIRTHPLACE (city or town) \_\_\_\_ (State or country) MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_19 16. BIRTHPLACE (city or town) (Stata or country) Where did injury occur?\_. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, (Address) 18. BURIAL CREMATION, OR REMOVAL LION Nature of Injury. If so, specify If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting H.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	- 3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	97
County Dorchester	Registration Dist. No. 116
Village or City Carph nide	No Existern Shope State Hospe word
C) (I	death occurred in a hospital or institution, give its NAME instead of steet and number)
	24 ds. How long In U.S. if of foreign birth?
2. FULL NAME Clang Belle Pundo	eff U. S. Veteran, specify WAR
(a) Residence: No. Quantica, Md.	St., — Ward.  Wich, & If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female White OR DIVORCED (write the word)	NoV· 2 ,193 ( (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSEANB-of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Beauchamp G. Pundue	Oct. 9 1037 to Nov. 2 1937
6. DATE OF BIRTH (month, day, and year) Jan. 1, 1873	I last saw h_en_alive on_Nov. 2, 19.37; death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 11:25 P.m.
64 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Treda, profession, or particular	Date of oneet
kind of work dona, as SPINNER, Housewife	Brunha- Preumonia 10-27-3
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, atc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Dete dacassed lest worked at this pecuniting (month and 1922)  11. Total time (yeers) apparent in this	
10. Dete dacaased lest worked at 11. Total time (yeers)	Antenioscleratic Gongrehe
this occupation (month and 1932 spent in this 15 occupation 15	night len 9-20-3
12. BIRTHPLACE (city or town) Quyntico	Other Contributory Causes of Importance:
(State or country)	Generalized Anteriosdensis 1931
13. NAME Andnew Taylor	
13. NAME Andrew Taylor  14. BIRTHPLACE (city or town) Rosk, a waken	Nama of operation Amputation - Upper 13-night Date of 10-15-3
(State of Country)	What test confirmed diegnosis?
15. MAIDEN NAME Ella Truitt	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME E/19 Truitt  16. BIRTHPLACE (city or town) Quantico	Accident, sulcide, or homicida?
(State of Country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Eastern Shone State Hosp. Keing	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Cambai doc, Md.  18. BURIAL, CREMATION, OR REMOVAL	
Place Gluanico Md. Dete 110 5 19 37	Menner of injury
11 1011 - 1 - 1	Natura of injury
19. UNDERTAKER MISS WITH MISSING & Sens	24. Was disease or injury in any way related to occupation of deceased?
to the same of the	(Signad) Suchre Fuerlo M.D.
20. FILED 11-3 , 195 1 6 July mare M. Registrar.	(Addrass) Eastern Shore State Hosp
Market and the second s	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Cambridge, Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ISUST AU V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

important.

S. No. 1

#### STATE OF MARYLAND—CERTIFICATE OF DEATH 11886 1. PLACE OF DEATH County Dorchester Registration Dist. No. 114 Village or City Robbins No. St., (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of rasidence in city or town where death occurred 52 yrs. \_\_\_\_\_ds. How long in U.S. if of foraign birth? \_\_\_\_\_\_ds. \_\_\_\_ds. 2. FULL NAME Jacob .. Robbins. If U. S. Veteran, specify WAR 11d (a) Residence: No. (Usualpiace of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) White 5a. If married, widowad, or divorced HUSBAND of Eva Robbins. HEREBY CERTIFY. That I attanded deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Devs If LESS then to have occurred on the data stated above, at D. a. C.U. 1 day, ..... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. Date of onset 8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and) occupation .... 12. BIRTHPLACE (city or town) (State or country) FATHI 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy?. 15. MAIDEN NAME Martina Robbins HE 23. If death was due to external causes (VIOLENCE) fill in also the following: 10 16. BIRTHPLACE (city or town) Robbins. Accident, sulcide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_19\_\_\_\_ (State or country) Where did injury occur?\_\_\_\_\_ (Specify city or town, county and State) Herman Robbins Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Nature of Injury. 24. Was diseasa or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signad) Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1	11	Diample 11	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of Importances	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

WRITE PLA

ż

V. S. No. 1

# STATE OF MARYLAND-CERTIFICATE OF DEATH

:	1. PLACE OF DEAT				17-2	
	County Dorel			IN CORROBATE.	Registration Dist. No. 116	
	Village or City	Cambrid	ge Md. I	Tospital	NoSt.,	Ward
	Length of residence In cit	ty or town where o	death occurred		r death occurred in a hospital or institution, give its NAME instead of street and number isds. How long in U.S. if of foreign birth?yrs	
	2. FULL NAME	James W	Robbins	s Jr.	If U. S. Veteran, specify WAR NO	
	(a) Residence: No				St. Ward.	
BESTORES			(Usual place		If conresident give city or towo and State	
-	PERSONAL AN	R OR RACE			MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	
M	Tale Whi	te		RIED, WIDOWED,  D (write the word)	Nov. ID. 1937 193	(Yeer)
5a.	. If married, widowed, or divo HUSBAND of (or) WiFE of May I		h		22. I HEREBY CERTIFY, Thet I attended decea	
6.	DATE OF BIRTH (month, day	y, and yeer) S	ept. I9	12	I last saw hein alive on 2001 10 1937; det	
7.	AGE Years 25	Months 2	Days	if LESS than 1 dey,hrs.	to have occurred on the date stated above, at P. F. P. m.  The PRINCIPAL CAUSE OF DEATH and related causes of importence	
-		rticular		ormin.	Were as follows:	le of onset
01	8. Trede, profession, or pa kind of work done, SAWYER, BOOKKEE	PER, etc	aterman		to gestrie wheer	19/93
OCCUPATION	9 Industry or business in work was done, as S	which SILK MILL, B	oat			
000	SAW MILL, BANK, e  10. Oate deceased last wor this occupation (more year)	ked at	11. Totai t	ime (years) nt in this upation		
12	BIRTHPLACE (city or town). (State or country)	Robbi	ns Md.		Other Contributory Causes of importance:	
2	13. NAME James	s W. Ro	bbins			
FATHER	14. BIRTHPLACE (city or to				Name of operation Oate of	
FA	(State or country)	wn)			What test confirmed diegnosis?	
IER	15. MAIDEN NAME 111	nnie L.	Hall		23. if death was due to external causes (VIOL ENCE) fill In also the following:	,
MOTHER	16. BIRTHPLACE (city or to (State or country)	wn) Tod	dvile M	d <b>,</b>	Accident, suicide, or homicide? Dete of injury Where did injury occur?	19
17	INFORMANT Iula (Address)	Meride	th		(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18	B. BURIAL, CREMATION, OR R	EMOVAL Island	Dete 16/	I3/37 <sub>,19</sub>	Menner of injury	
19	O. UNOERTAKER Gray (Address) Cam	nville bridge	Le Con	npte	24. Wes disease or injury in any wey releted to occupation of deceesed?	2
20	). FILED 11 - 12	19.37.	hu m	Regigrar.	(Signed) V. T. Jacues (Address) Barubridge, Jud	M. O.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	- 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

V. S. No

STATE	OF MARYLAND—CERTIFICAT	E OF DEATH
ACE OF DEATH	T 82	0

	STATE OF MARTEARD	CERTIFICATE OF DEATH
15	1. PLACE OF DEATH	82.2)
1	County Novellester	Registration Dist. No. 114
	Village Dr City Creerbuck KTA	NoSt., Ward
1	1 152 (16	death occurred in a hospital or institution, give its NAME instead of street and number)
1	Length of residence in city of town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Sue 1. Rue	If U. S. Veteran, specify WAR
	(a) Residence: No. Carulring, 18.20	» St., Ward,
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
- 41	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
- 10	Te (the OR DIVORCED (purite the word)	(Month) (Day) (Year)
	5a. If married, widowed or divorced HUSBAND of	(monin) (bay) (hai)
	(or) WIFE of Daniel Arue	22. I HEREBY CERTIFY, That I attended deceased from
	man 26-1621/	, 19 , to 100
te.	6. DATE OF BIRTH (month, day, and year)	I last saw h aliva on 1937; death is said
certificate	7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at.Om.
irti	(02) / (0 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as 19693:
	8. Trede, profession, or particular kind of work done, as SPINNER,	Theorie Oct 24 1957
of	SAWYER, BODKKEEPER, etc.	
back	9. Industry or business in which work was done, as SILK MILL,	
	kind of work done, as SPINNER, Howard Park BODKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and business) speak in this programmer.	
on	O 10. Date deceased last workad at this occupation (month and year) spant in this occupation occupation	
instructions	Bu blanche	Dther Carributory Cause of importance:
ıcti	12. BIRTHPLACE (city or town) (Stata or country)	- Com ac out out 200 pg 193
stri	I 13. NAME A. Columbus Smith	/
	IS. NAME 311 COLUMN STATE	72.42
See	14. BIRTHPLACE (city or town)	Nama of operation Date of Date of
	(Grate of County)	What test confirmed diegnosis? William Stara an autopsy? 100
ant	16. BIRTHPLACE (city or town)	23. If death was dua to external causes (VIOL ENCE) fill in also tha following:
important.		Accident, suicide, or homicida? Date of injury
mp	(State or country)	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT PURO Calter adamo.	Spacify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
very	(Address)	
is	18. BURIAL, CRIMATION, OR REMOVA	Manner of injury
	Place Date , 19	Neture of Injury
LION	19. UNDERTAKER TELLETTE C. Lious	24. Wes disease or injury in any way related to occupation of decaasad?
1	(Address) Cambre, Ma,	If so, specify
	20. FILED 11-5- 137 John Juace or	(Signed) Elm Schnerder M. D.
	Registrar.	(Address) Cambridge, nd.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find

out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. Foliated causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- superior and a	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis DEC 4 1306	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
	13			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 11889
1. PLACE OF DEATH	(159
County Novelletter	Registration Dist. No. 113
Village or City Madison	No. St., Ward
	death occurred in a hospital or institution, give its NAME iastead of street and number) ds. / How long in U.S. if of foreign birth?
2. FULL NAME Julacet Seeper	our
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE. MARRIED. WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Nov 26 1937	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
) 0 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were solollows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Premature Bith Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year)	
20. 1.:	Other Contributory Causes of importance:
12. BirTIIPLACE (city or town) YV a all all (State or country)	Maluella da ora
13. NAME / forace Seymour	
13. NAME Jorde Support  14. BIRTHPLACE (city or town)  (State or country)	Name of operation
	What test confirmed diagnosis? Was there an au'opsy?
E POCCE	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
S 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT Weeley Office (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, er in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Madican Date NOV 28, 1937	Neture of Injury
19. UNDERTAKER HOUSE SLUMMEN	24. Was disease or Injury in any way related to occupation of deceased?
(Address) malion md	If so, specify
20. FILED PROPERTY 28, 19.37 P. P. Marian.	(Signed) . Mella local Reg. M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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NLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS Exact statement metion should be carefully supplied. AGE should be stated EXACTLY. properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be B AWRITE-PL

V. S. No. 1

should state of OCCUPA-

	CERTIFICATE OF DEATH	590
1. PLACE OF DEATH  County Drichester WITHIN CORPOBATE LIN	Registration Dist. No. // 6	
Village or City Cambudge	No. St., f death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
2. FULL NAME amis Poland Stand	If U. S. Veteran, specify WAR	
(a) Residence: No. Cambudge Boute 1/ (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	)
5a. If married, widowed, or divorced	(Month) (Day) (Va	ier)
HUSBAND of Cor) WIFE of Naomi Stanley	22. I HEREBY CERTIFY, That I attended decessar  Yournbur 17, 1937, to Published 17, 19	d from
6. DATE OF BIRTH (month, day, end yeer) My 20 / 1902	liest saw ham aliva on november 17 , 1937; death	is said
7. AGE Yaars Months Days If LESS then	to have occurred on the dete stated above, at 3:45 pm.	
35 5 27 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were as follows:	fonset
B. Trade, profession, or perticular kind of work done, es SPINNER, Dalener SAWYER, BOOKKEEPER, etc.	Julmonay Duberculums West	193
kind of work done, es SPINNER, Salvace  SAWYER, BOOKKEEPER, etc.  9. Industry or businass In which work wes done, as SILK MILL. SAW MILL, BANK, etc.  10. Date deceased lest worked et  11. Totel time (years)  this coefficien (might) and	/	
10. Date deceased lest worked et this occupation (month end 9 3 ) spent in this occupation		
12. BIRTHPLACE (city or town) Carning QV (State or country)	Other Contributory Causes of importance:	
13. NAME Stanley 14. BIRTHPLACE (city or town) Buck tofwr (State or country)	Nama of oparetion Deta of	
	What tast confirmed diegnosis?	
15. MAIDEN NAME Ella Stewart  16. BIRTHPLACE (city or town) Bucktown  (State or country)	23. If death was due to axternal causes (VIOLENCE) fill in also the following:  Accidant, suicide, or homicide?	)
17. INFORMANT James Sturley	Whare did Injury occur? (Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Cornicount Con Deta Co L 20, 1987	- Natura of injury	
19. UNDERTAKER / MY Clair  (Address) Cambridge My	24. Was disease or injury in any way releted to occupation of dacaesed?	
20. FILED ''- 20 , 193) John mach Jr. Registyr.	(Signad) Chroll MCHClary (Address) Sin Cedar Ho	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
DEC 4 1937				
Other contributory causes of importance:	36 4 4000	Other contributory causes of importance:	1 year	
Gallstones	May 1,1923	Gastroenterius	1 year	
		è		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

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STATE OF MARYLAND	CERTIFICATE OF DEATH 11891
1. PLACE OF DEATH	92:0
County 4 nchester	Registration Dist. No. 11
Village or City Madison	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. madison Md.	St., Ward.
(Usual piace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
female colored OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Dáy)  (Yeak)
46. If married, widowed, or divorced HUSBAND of George S. Stanley.	22.   HEREBY CERTIFY, That I attended deceased from
0 0	19 to 7 19 19 19 19 19 19 19 19 19 19 19 19 19
6. DATE OF BIRTH (month, day, end year) Lukusus. 7. AGE Years Months Days If LESS than	I last sew h elive on 19 2 7 death is said to have occurred on the date steled above, at 19 2 7 m.
69 - 1868 - 1dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence
8. Trade profession or perticular	were es sollows:  Date olonoet  Cerreboe  Date olonoet
kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc.	Wila Tolom 11-15-
kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked et /// 11. Total lime (years) spent in this countries (month and	
10. Date deceased lest worked et ///4/37 spent in this occupetion occupetion.	7
Wadiner	Other Compributory Causes of importance
12. BIRTHPLACE (city or town) (State or country)	and the state of t
	1/957
13. NAME WM, Misler,  14. BIRTHPLACE (city or town) Madison Do.Co. (State or country)	Neme of operetion
I 15. MAIDEN NAME Rever (P) unknown.	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Rebect (1) when the second of the second o	Accident, suicide, or homicide?, Dete of Injury, 19
17. INFORMANT John Stanley (Address) madreon, and.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
Place Maduron Deto 11/1/3/19	Nature of injury
19. UNDERTAKER LEWIS. A. Hem, (Address) 222 Cedar of	24. Was disease or injury in any wey releted to occupetion of deceesed?
20. FILED 11/15/37, 19 John mace Jr. Registrar.	(Signed) Support M. D. (Address) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I			Example II		
The principal cause of of importance were as Arteriosclerosis	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
		1910			
Chronic interstitial nephr	ilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	PIEC 4 1981	July 5,1927	Peritonitis	3 days ago	
		1 2			
		15			
Other contributory car	uses of importance:		Other contributory causes of importance:		
Gallstones	A	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(210°m)
county long hesler	Registration Dist. No. 116
Village or City to asubridge	No. St., Ward
Length of residence in city of town where don't occurred 3 yrs mos.	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Malles & Wilgs	CALCALIF U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OR DIVORCED (partie the word) Whete Warte	21. DATE OF DEATH
5e. If married, widowed, or divorced HUSBAND of (er) WIFE of Wash 1 cs.	22. I HEREBY CERTIFY, That I atjended deceased from
Mayour Ingunar	Thenex Romains as Caroners
6. DATE OF BIRTH (month, day, end yeer) Luce 2 3 (897	I lest saw h alive on ; death is said
7. AGE Yeers Months Days If LESS then	to heve occurred on the date stated above, at
40 6 4 21 Idey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were appointed.
8. Trade, profession, or perticular kind of work done, as SPINNER, Soverment work SAWYER, BOOKKEEPER, etc.	tracture of type
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked at this occupation (month and spent last bis secret in this company).	Diel & Charles
9 Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	D. A. S.
10. Date decessed last worked at this occupetion (month and yeer)	or of the state of
Occupation	Other Constitutory Canses of Importance:
12. BIRTHPLACE (city or town)	South China
(State or country)	Consumposo of Jak
13. NAME Serge Crighman	(allagions of mailling)
13. NAME LOVE GE SIGHMORE  14. BIRTHPLACE (city or town)	Neme of operation
(State of country)	Whet test confirmed diegosis
15. MAIDEN NAME LEN PARSONS  16. BIRTHPLACE (city or town)	23. If deeth wes due to external causes (VIOL MICE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or humerost
Stete or country)	Where did Injury occurry of Asset (Specify city or town, county and State)
17. INFORMANT Marforeg fel glunder	Specify whether injury occurred in INDUSTRY, in 110ME, or in PUBLIC PLACE
(Address) (Aoultig	Juffee Lord Dorehuster Ophy
18. BURIAL, CREMATION, OF REMOVAL	Menner of Injury John Soul accided
Place Jalis Very Bate 100 6 , 19 3/	Nature of injury ( ) A A A A A A A A A A A A A A A A A A
19. UNDERTAKER Crassbelle Le Confte	24. Was disease or injury In any way related to occupation of deceesed?
	(Signed)
20. FILED 11-16 ,193) Jolylu mace R. Registrar.	(Address) Thro Fysik Collins.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be roturned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago 1921 Run over by street car Chronic interstitial nephritis 1 week ago Julu 5.1927 Peritonitis Cerebral hemorrhage 3 days ago Other contributory causes of importance; Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL	SPACE F	OR FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN

	County Village or City	Dorches Cambrid		WITHIN CORPO	Registration Dist. No. 110	Ward
	Length of residence in	city or town where	death occurred	(II) mosmos	death occurred in a horpital or institution, give its NAME instead of street and nu	mber) d
2.	FULL NAME	Edna			If U. S. Veteran, specify WAR	
	(a) Residence: No.	Linkw	ood, "d.	wards.	St., Ward.	
	BEDSONAL	ND CTAMICS	(Usual place		If nonresident give city or town and S	tate
3. SI	PERSONAL A	OR OR RACE		RIED. WIDOWED.	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	
Fe	male c	olored		D (write the word)	Nov. 6th,	193 7 (Yaar)
5a, I	If married, widowed, or di HUSBANO of (or) WIFE of		n Todd		22. I HEREBY CERTIFY, That I attended do	eceasad_fro
e D	ATE OF DIRTH (month of	T)	0 75	1906		death is sa
7. A	ATE OF BIRTH (month, d	Months	Days	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	geath 15 50
-1		particular		ormin.	were as follows:	Date of ons
OCCUPATION	8. Trede, profession, or kind of work done SAWYER, BOOKKI		Housewi	ſe	Hemorrhage following abortion	11/6
PA	9. Industry or business work was done, as SAW MILL, BANK	in which s SILK MILL.	20.0		(Came under on)	37
ರ್ಟ	10 Date deceased last w	orked et	11. Total t			
0	this occupation (m	onth and 7 7 /	1/37 spe	ime (yaars) nt in this lif( upation lif(		
12 8	BIRTHPLACE (city or town	, L	inkwood		Other Contributery Causes of Importance:	
12. 1	(State or country)	Dor., Co	),,	. Md.		
	13. NAME	esley Ho	ollis			
FATH	14. BIRTHPLACE (city or	town)		363	Name of operation None Oate of	
L.	(Stata or country)	)		Md.	What test confirmed diagnosis? Clinical Was there an au	topsy? n C
HER-	15. MAIDEN NAME	Unkno	own		23. If death was due to external causes (VIOL ENCE) fill In also the following:	
<b>⊢</b> 1	16. BIRTHPLACE (city or	town)	- 173		Accident, suicide, or homicide? Date of injury	, 19
ΣΙ	(State or country	)	-		Where did injury occur? (Specify city or town, county and State)	
	(Address) ]	ohn Todo			Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLAC	E.
18. E	BURIAL, CREMATION, OR		7.7	130 188	Manner of injury	
	Place Sale			/	Nature of Injury	
19. l	UNDERTAKER Car (Address)	is H. Ba	yneum	Va-21	24. Was disease or Injury In eny way related to occupation of deceased?	O
	(Address)	intruge,	магута	IIU.	If so, specify	
20. F	FILED 11/8/37	, 19 Tr	trun	und.	(Signed)	M.
		//		Registrar.	(Address) 24 Race St. Camb. Md.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

	5	TAIL	F MAR	YLAND-	CERTIFICATE OF DEATH	894
:	I. PLACE OF DEA		100		93-0	
	County Dore			N CORPORATE L	Registration Dist. No. II6	
	Village or CityCt	mbridge	9		NoSt.,	Ward
	Length of residence In ci	ity or town where	daath occurrad	, 5 yrs mos	No. St.,  death occurred in a hospital or institution, give its NAME instead of street and num  ds. How long In U.S. if of foreign birth? yrs. mos.	aber)
	2. FULL NAME	Tillie	E Todd			
	(a) Residence: No.				St. 5 Ward.	
1	(a) Residence: No		(Usual piace		If nonresident give city or town and Su	ate
	PERSONAL AN	D STATIST	ICAL PARTI	ICULARS	MEDICAL CERTIFICATE OF DEATH	
		White		RIED. WIDOWED. D (write the word)	21. DATE OF DEATH November IO, I937 (Month) (Day)	93
58	HUSBANO of Ploye	orced	1 7		22.   HEREBY CERTIFY, That I attended day	
	(OT) WIFE OF	. 11 0 1. 20			1915, to 10 / 0	
6.	DATE OF BIRTH (month, da	y, and year) 8/	/5/I883		I last saw here aliva on Seft 10 , 1917;	
	AGE Years	Months	Days	If LESS than I day,hrs.	to have occurred on the data stated above, atm.	
	54	3	5	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:	Date of enset
NO	8. Trada, profession, or p kind of work done, SAWYER, BOOKKEE	articular as SPINNER, H(	use wif	e e	Mr. State of the s	2000
OCCUPATION	9 Industry or business in	PER, etc which			Myocardutis - Chrone	1733
SUP	9 Industry or business in work was done, as SAW MILL, BANK,	SILK MILL, T	Ione			
Ö	10. Data dacaasad last wo this occupation (mo	nth and.	SD3	tima (years)		
-	year)		****	upation_256	Other Centributery Causes of Importanca:	
12	. BIRTHPLACE (city or town) (State or country)	Toddy	rie		Hypertension	950
2	13. NAME James	M. Robi	inson			
FATHER		Todday			1000	
FA	14. BIRTHPLACE (city or to (State or country)	own)	Md.		Name of operation Date of Date of What tast confirmed diagnosis? Date of Was there an au'	144
ER	15. MAIDEN NAME J	ennie Ro	binson		23. If death was due to external causes (VIOLENCE) fill in also the following:	psystem.
MOTHER	f6. BIRTHPLACE (city or to	Toddy	rile		Accidant, suicida, or homicide?	19
×	(State or country)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	i.d.		Where did injury occur?	
17		Loyd W.			(Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE	
18	BURIAL, CREMATION, OR			TT/TO FR	Manner of Injury	
_	Piaca Cambrid	recu.	Oate	14/4/1907	Nature of injury	
19	UNDERTAKER CTE	dge la.	S. Le Co	mpte	24. Was disease or Injury In any way related to occupation of daceased?	20
20	, FILEO 11-12	1937.	hu ne	er e O JL. Registerr.	(Signed) Dr. J. Ohnver (Address) Case davidge	M. D.
		If more	blanks are needed,	address State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I VED	11	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Annual State of the State of th			
Other contributory causes of importance:	Market Cert	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		·	7

	7			NTS BY PHYSIC		
6.5.	***	4				
				h.		
					436	

PHYSICIANS should state ORD. Every item of infor-Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RE stated EXACTLY. be properly classified. FOR BINDING ARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

-WRITE PL.

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11895
1. PLACE OF DEATH	(3)
County I Downesser	Registration Dist. No. 113
	No. St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foralgn birth?yrsmosds.
2. FULL NAME Sarah R. Jolley	If U. S. Veteran, specify WAR
(a) Residence: No. Listung (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH \ \( \chi \) \( \q \) \\ \\ \q \q
I lower when widowed	(Month) (Day) (Year)
5e. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Sand 14 Solery So.	22. 1 HEREBY CERTIFY, That I attended deceased from 1937, to 1937
6. DATE OF BIRTH (month, day, and year) Tel. 6-1861	I last saw h. S. alive on M. Of 19
7. AGE Years   Months   Days   If LESS then	to have occurred on the data stated above, at 4a_m.
76 9 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onset
SAWYER, BOOKKEEPER, etc.	Cardio- Kinal- Dascular
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	diseas
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date deceased last worked at this occupation (month and 1911 Interest of the spent in this occupation).	atturomatous Degen: 1900
To A - O	Other Centributery Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
- The work and	11mc
14. BIRTHPLACE (city or town) Sulum a Cull (State or country) many land	Neme of operation
	What tast confirmed diegnosis? Was there an autopsy?
3 1	23. If death was due to external causes (VIOLENCE) fill in also the following:
[State or country]	Accidant, suicida, or homicide?
17. INFORMANT R. S. Jodd (Address) tralema Carlo had	(Specify City or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Tislung Cell Bate N. V. 21, 1937	Nature of Injury
19. UNDERTAKER G.S. Sel my in a mod	24. Was disease or injury in any way raieted to occupation of daceased?
20. FILED M. V. Zs, 1937 amis w. Meace, Registrar.	(Signad) anno ce Maale M. D.
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De la companya de la			
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Gallstones	May 1,1923	Gastroenteritis	1 year

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ARGIN RESERVED FOR BINDING

WRITE PLA

V. S. No ż STATE OF MADVI AND CEDTIFICATE OF DEATH

1. PLACE OF DEATH			(82-2)
County Dogeheste	7		Registration Dist. No. 17 D
Village or City Quelise	18		NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Tamue	0 3/2	yrs mos	ds. How long In U.S. iI of loreign blrth?dsds
(a) Residence: No.	(Usual place of ab	oode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICU	LARS	MEDICAL CERTIFICATE OF DEATH
	SINGLE, MARRIED OR DIVORCED (w	rice the word)	21. DATE OF DEATH (Os) (Gay) (Year)
5a. II merried, widowed, or divorced HUSBANO of Cory WIFE of Colorad M	heatter	1	22. I HEREBY CERTIFY, That I attended deceased from
6_ DATE OF BIRTH (month, dey, and year)		-1876	I last saw h alive on, 19; deeth is sai
7. AGE Yeers Months	2 //	II LESS than day,hrs.	to heve occurred on the date stated above, etm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as full was:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	usswor	K	Cerebral Kemonhage
kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc			
10. Date deceased last worked at this occupation (month and year)	11. Total time ( spent in occupetio	(years) this on	
12. BIRTHPLACE (city or town)	1		Other Centributery Canses of Importance:
13. NAME Dannel 7	isher		
13. NAME Danuel J  14. BIRTHPLACE (city or town)	nda		Name of operation Oete oi What test confirmed diegnosis? Was there an au'opsy?
15. MAIDEN NAME Colyabelk	. Lan	vert	23. If death was due to externel causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Colyabelk  16. BIRTHPLACE (city or town)  (State or country)	nd.		Accident, suicide, or homicide?
17. INFORMANT Della Charles	larin	RD.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place of reality	Dete Nov	9 ,19.37	Manner of Injury
19. UNDERTAKER Address)	aveno	2 4/300	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 264. 9. , 19?2	2 Ha	Legistry.	(Signed) J. Muhlinger M. (Address) Al arphotory W.

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DEC 6 1937			
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			9

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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stated EXACTLY. properly classified. ARGIN RESERVED FOR BINDING AGE should be

N. B.

# PHYSICIANS should state Exact statement of OCCUPA. certificate. CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of mation should be carefully supplied. -WRITE PI

STATE OF MARYLAND-CERTIFICATE OF DEATH

-0	10	( 1	11	100
	1	2	9	1
de	1	()	0.7	-

1. PLACE OF DEATH	
County borchester	Registration Dist. No. //
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Bakes hoolford to	to O O Revosa )
(a) Residence: No. Vierna	St., Ward.
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
m Col OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) 200 16 - 30 1937	last saw h alive on 19 death is seld
7. AGE Years Months Days If LESS then 1 dayhrs. ormin.	to have occurred on the data stated above, atm.  The PRINCIPAL CAUSE OF DEATH end related causes of importance wera es follows:  Date of onset
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10. Date deceased last worked at this occupetion (month and yaar)	Other Coatributery Cases of importance:
12. BIRTHPLACE (city or town) Uusmai Mac (State or country)	Other Coordinatery Cases of Importance.
13. NAME James hoal Jard	
13. NAME James hooksand  14. BIRTHPLACE (city or town) Viernice	Name of operation
(Stete of country)	Whet test confirmed diagnosis? Wes thera an autopsy?
15. MAIDEN NAME Mamie Labamis  16. BIRTHPLACE (city or town)	23. If death was due to external causas (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT James Washerd  (Address)  (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Please Cerrelies Date 20 17., 19 37	Mennar of injury
19. UNDERTAKER Family (Address)	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED My 17, 1937 Elisabeth W. brall	(Signed) Elegabeth M. D. aff - M. D.  (Address) Jenna M. E.

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		2261:28 330	
	direction to the second		
Other contributory causes of importance:	THE .	Other contributory causes of importance:	
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	2%		